## GIC Health Plan Rates MONTHLY RATES AS OF JULY 1, 2017 FOR THE **TOWN OF STONEHAM** ENROLLEES

## **Active Employees, Retirees and Survivors without Medicare**

	Teacher	Teacher	Teacher	Employee	Employee	Employee
	Who	Who	Who	and Non-	and Non-	and Non-
	Retired	Retired	Retired	Medicare	Medicare	Medicare
	Before	Before	Before July	Retiree/	Retiree/	Retiree/
	July 1,	July 1,	1, 2009	Survivor	Survivor	Survivor
	2009 Pays	2009 Pays	Pays	Pays	Pays	Pays
	Monthly %	Monthly \$	Monthly \$	Monthly %	Monthly \$	Monthly \$
Health Plan		Individual	Family		Individual	Family
		Coverage	Coverage		Coverage	Coverage
Fallon Health Direct Care	10%	55.47	133.12	20%	110.93	266.24
Fallon Health Select Care	10%	73.71	176.89	20%	147.41	353.78
(Closed to New Members)						
Harvard Pilgrim Independence Plan	10%	82.42	201.11	20%	164.85	402.22
(Closed to New Members)						
Harvard Pilgrim Primary Choice Plan	10%	62.07	151.45	20%	124.14	302.91
Health New England	10%	54.82	135.90	20%	109.63	271.80
NHP Prime (Neighborhood Health	10%	55.40	146.82	20%	110.81	293.64
Plan)						
Tufts Health Plan Navigator	10%	72.88	177.84	20%	145.77	355.68
(Closed to New Members)						
Tufts Health Plan Spirit	10%	55.33	133.19	20%	110.65	266.38
UniCare State Indemnity Plan/Basic	10%	103.88	243.05	40%	415.52	972.22
with CIC (Comprehensive)						
UniCare State Indemnity Plan/Basic	10%	99.18	232.15	40%	396.72	928.61
without CIC (Non-Comprehensive)						
UniCare State Indemnity	10%	52.06	124.95	20%	104.12	249.89
Plan/Community Choice						
UniCare State Indemnity Plan/PLUS	10%	69.32	165.61	20%	138.64	331.23

## **Retirees and Survivors with Medicare**

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		Retired Before ays Monthly Per	Retiree and Survivor Pays Monthly Per Person		
		rson	,		
Health Plan	%	\$	%	\$	
Fallon Senior Plan*	10%	33.62	20%	67.23	
Harvard Pilgrim Medicare Enhance	10%	42.31	20%	84.61	
Health New England MedPlus	10%	39.48	20%	78.97	
Tufts Health Plan Medicare Complement	10%	38.23	20%	76.45	
Tufts Health Plan Medicare Preferred**	10%	30.11	20%	60.21	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	38.06	40%	152.26	
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non- Comprehensive)	10%	36.99	40%	147.96	

<sup>\*</sup>Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2018.

Rates are calculated by the Town of Stoneham Benefits Office.

RATE QUESTIONS?

CALL: Municipal Benefits Coordinator (781) 279-2630

Payroll/Benefits Coordinator, Stoneham Schools (781) 279-3802 x1301